

**WORKSHEET FOR PRIVATE PAY RATE
(Private Pay Census Only, No Medicaid)**

Provider Name: _____

Provider #: _____

<u>PRIVATE ROOM RATE</u>		<u>PRIVATE PAY RESIDENTS</u>		<u>AMOUNT</u>
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_____	x	_____	=	_____
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SEMI-PRIVATE ROOM RATE

_____	x	_____	=	_____
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	Total:	_____		_____
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Base Weighted Average Private Pay :	\$
(Amount ÷ Residents)	

Plus Average Routine Charges	
(\$ _____ ÷ _____)	+
(Please note what time period was used)	

If applicable, these charges need to consist with what's listed in K.A.R. 30-10-15a.

Total Weighted Average Private Pay	\$
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Rate Effective Date: _____

Do you have a discount policy? Yes No

If Yes, when did it begin? _____

(If there is a discount policy, you need to report what is received from the residents, not what is charged.)

Preparer

Phone Number

(Failure to submit the documentation may delay the effective date of the average private pay rate in the registry until the complete documentation is received.)